PTO/SB/06 (8-96)
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PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number				
								10/065,594					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER T		
FOR		NUMB	NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))								\$ 370	OR		s	
TOT	AL CLAIMS CFR 1.16(c))	6	68 minus		*	48	1	x \$ 9	= 432	OR	x S =	0	
IND	EPENDENT CLA	AIMS	7 minus		•.	4	1 h	x 42*		OR	x =	0	
		DENT CLAIM PRI	LAIM PRESENT 07 CFR 1.16		(d))		1	+	- 0	OR	+ =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2								TOTA	970	OR	TOTAL	0	
CLAIMS AS AMENDED - PART II											OTHER T	HAN	
(Column 1) (Column 2) (Column 3)							-	SMALI	. ENTITY	OR.	SMALL E	NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NI. PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* 58	Minus	**	68	= 0		· \$=	. 0		x \$=	0	
	Independent (37 CFR 1.16(b))	* 2	Minus	***	7	= 0	ļ	٠٠	. 0	OR OR	х=	0	
	FIRST PRESENTATION OF MULTIPLE D			PENDEN	T CLAIM	(37 CFR 1.16(d))	\prod_{i}	+	= 0	OR	+=	0	
(Column I)				(Co	lumn 2)	(Column 3)	ADI	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	0	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	• 58	Minus	**	68	= 0	k	\$=	. 0		x \$=	0	
	Independent (37 CFR 1.16(b))	* 2	Minus	***	7	= 0	l×	·	= 0	OR OR	x=	0	
	FIRST PRESENTATION OF MULTIPLE DEPEN			PENDEN	T CLAIM	(37 CFR 1.16(d))] [. 0	OR	+=	0	
(Column t) (Colum					lums 2)	(Column 3)	AD	TOTA DIT. FE		OR A	TOTAL DDIT, FEE	0	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	CHEST IMBER IOUSLY ID FOR	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(e))	•	Minus	**		=	X	· s ·	- 0	OR	x \$ =	0	
	Independent (37 CFR 1.16(b))	•	Minus	***		=] [x	· ·	= 0	OR OR	x =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))][= 0	OR	+=	0	
• 11	* If the entry in column I is less than the entry in column 2, write "0" in column 3.								L O	ORA	TOTAL DDIT. FEE	0	
11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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